



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E251333**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	13-01493
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 06 - 19 - 2013	0846	31		
N S	E W	IN OF	0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9	BLOCK NO. <input checked="" type="checkbox"/>	3900
MILE POST		

DISTANCE	OF (REFERENCE OR CROSS STREET)
	SR 92

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253278612
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LAST NAME	SPITZER	FIRST NAME	KATHERINE	MIDDLE INITIAL	A
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STREET NEW ADDRESS	506 SARATOGA STREET
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CITY	GRANITE FALLS	ST	WA	ZIP	98252
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CDL	RESTRICTIONS B	ENDORSEMENTS
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DRIVER'S LICENSE #	SPITZKA307KT	STATE	WA	SEX	F	D.O.B. MMDDYY	05 - 30 - 1970
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 7	NATURE OF INJURIES
							NECK PAIN

LICENSE PLATE #	468ZNH	STATE	WA	VIN#	3C8FY68B32T269402
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2002	MAKE	CHRY	MODEL	PTCRUS	STYLE	4H	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. KATHERINE SPITZER 506 SARATOGA ST GRANITE FALLS WA 98252 D: 4253278612

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 177 5589-D04-47
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4252973644
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LAST NAME	MURPHY	FIRST NAME	TRAVIS	MIDDLE INITIAL	E
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STREET NEW ADDRESS	2349 GRANDVIEW RD
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CITY	FERNDAL	ST	WA	ZIP	982488357
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CDL	A	RESTRICTIONS	ENDORSEMENTS	N, T
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DRIVER'S LICENSE #	MURPHTE209J0	STATE	WA	SEX	M	D.O.B. MMDDYY	04 - 20 - 1980
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	B22375L	STATE	WA	VIN#	1NKWXU0X6VR752765
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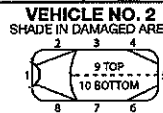
TRAILER PLATE #	9759TF	STATE	WA	TRAILER PLATE #		STATE	
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VEH. YEAR	1997	MAKE	KW	MODEL	DUMP	STYLE	CB	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. RYAN TRUCKING PO BOX 3369 ARLINGTON WA 98223

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	WESTERN NATIONAL ASSURANCE CPP105543901
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
JIM BARNES	101	WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E251333**

CASE # **13-01493**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)												
NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		
								HELMET USE		INJURY CLASS	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		
								HELMET USE		INJURY CLASS	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		
								HELMET USE		INJURY CLASS	NATURE OF INJURIES	

NARRATIVE

Vehicle 1 was traveling westbound on SR 92 approaching the intersection of SR 9. The driver of V-1 went to the inside lane to turn left. Vehicle 2 was traveling westbound on SR 92 approaching SR 9. The driver of V-1 was in the outside lane turning southbound onto SR 9. According to the driver of V-2, the signal turned yellow. He proceeded into the intersection, as he was not able to stop. The driver of V-1 tried to stop, but was unable due to the wet pavement and slid into one of the driver's side trailer tires. According to the driver of V-1, the driver of V-2 ran the red light and "ran over" the front of her vehicle. The evidence supported the testimony of the driver of V-2. The evidence showed that the damage to V-1 was caused by sliding into the tire and not being rolled over by the trailer of V-2. The driver of V-1 was transported to hospital for neck pain.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

JIM BARNES

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-19-13 09:49 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

6/19/2013 2:15:08 PM

BADGE OR ID # **101**

ORI # **WA0311900**

TIME POLICE DISPATCHED **8:47 AM**

TIME POLICE ARRIVED **8:51 AM**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E251333**

CASE # **13-01493**

COMMERCIAL MOTOR CARRIER				INTERSTATE <input type="checkbox"/>		INTRASTATE <input checked="" type="checkbox"/>			
UNIT #	2	USDOT	2004763	ICC #		VEHICLE TYPE	4	CARGO BODY TYPE	5

CARRIER NAME **RYAN NOBACH TRUCKING**

CARRIER ADDRESS **PO BOX 3369**

CITY **ARLINGTON** ST **WA** ZIP **98223**

NAME SOURCE 3 # AXLES 07 GVWR 101000 PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #		MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

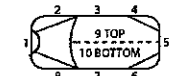
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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SHADE IN DAMAGED AREA



UNIT #		MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

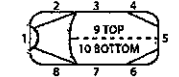
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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SHADE IN DAMAGED AREA



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JIM BARNES

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

06-19-13 09:49 AM

DATED:

PLACE SIGNED

BADGE OR ID # **101**

ORI # **WA0311900**

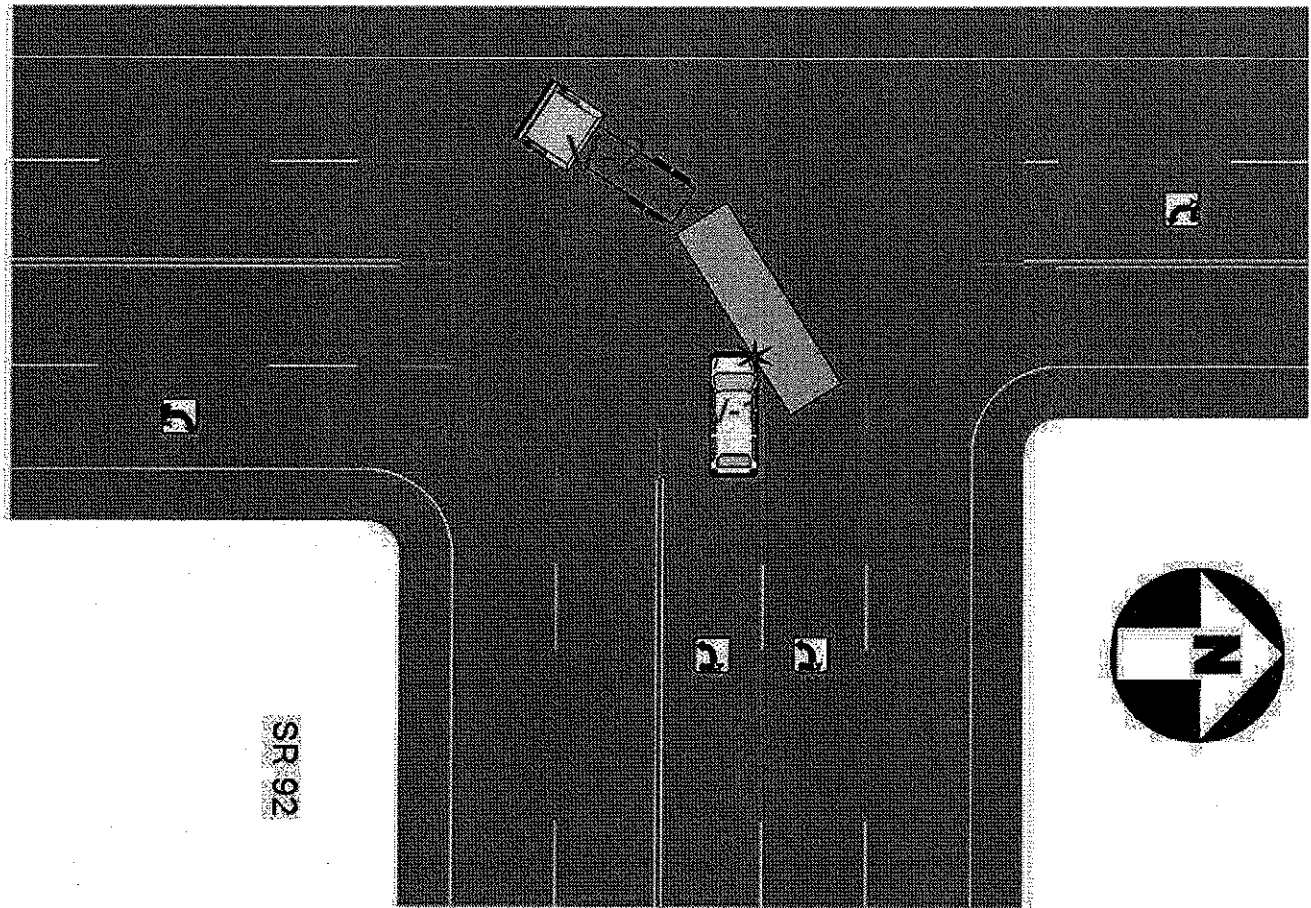
APPROVED BY **MINER**

DATE **6/19/2013**

PAGE **3**

OF **4**

SR 9 NE



Incident History for: #SS13013641 Xref: #S013103431 #AG13001685

Case Numbers: \$SS13001493

Entered 06/19/13 08:46:51 BY SPDF25 SP0204

Dispatched 06/19/13 08:47:17 BY SPDP17 SP0147

Enroute 06/19/13 08:47:17

Onscene 06/19/13 08:51:36

Closed 06/19/13 10:25:53

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: NORT

Src: T

Loc: SR 9 NE/SR 92 , LKS (V)

Loc Info:

Name: Addr: Phone:

/0846 (SP0204) ENTRY , 2 VEH, UNK INJ, BLKING, AID ER
/0846 CROSS #AG13001685
/0847 (SP0147) DISPER SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
/0847 ASSTER SS1934 #SS103 HOLMES, OFFICER (JOSHUA)
/0847 PREMPT SS1931
/0847 ASSTER SS1921 [SR 9 NE/SR 92 , LKS]
#SS101 BARNES, OFFICER (JAMES)
/0849 ASSTER SS1910 [SR 9 NE/SR 92 , LKS]
#SS13 BROOKS, SGT (RON)
/0851 ONSCNE SS1921
/0854 (SS13) *ONSCNE SS1910
/0855 (SP0147) ONSCNE SS1934
/0856 CROSS #S013103431
/0857 (SP0243) ASSTER 20T81 #C1519 MCGILL, DEPUTY (PATRICK)
/0902 (SP0147) ASNCAS SS1921 \$SS13001493
/0909 ONSCNE 20T81 , LKS SCALES
/0949 (C1519) REMINQ 20T81 MDTWANT, MURPHY, TRAVIS, E, 042080, , , WA, , , , , , , , , ,
/0949 (SS101) *CLEAR SS1921 D/H
/1014 (SP0147) \$PREMPT SS1910
/1025 CLEAR SS1934
/1025 CLEAR 20T81
/1025 CLOSE 20T81